## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

12646748

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                     |                                                                                       |                                 |              |                                        |              |                  |     | SMALL ENTITY TYPE   |                        | OR  | OTHER THAN<br>OR SMALL ENTITY |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|--------------|----------------------------------------|--------------|------------------|-----|---------------------|------------------------|-----|-------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                       |                                                                                       |                                 | 97           |                                        |              |                  |     | RATE                | FEE                    |     | RATE                          | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                |                                                                                       |                                 | NUMBER FILED |                                        | NUMBER EXTRA |                  | 1   | BASIC FEE           | 375.00                 | OR  | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                            |                                                                                       |                                 | 22 minus 20= |                                        | * , > 6      |                  |     | X\$ 9=              |                        | OR  | X\$18=                        | 536                    |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                 |                                                                                       |                                 | 75 m         | inus 3 =                               | * 0          |                  |     | X42=                |                        | OR  | X84=                          | 2712                   |
| MU                                                                                                                                                                                                                                                                                                                 | LTIPLE DEPEN                                                                          | DENT CLAIM P                    | RESENT       | ······································ |              |                  |     | +140=               |                        | OR  | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                           |                                                                                       |                                 |              |                                        |              | column 2         |     | TOTAL               |                        | OR  | TOTAL                         | 766                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                        |                                                                                       |                                 |              |                                        |              |                  |     |                     |                        | •   | OTHER                         | 1                      |
|                                                                                                                                                                                                                                                                                                                    |                                                                                       | (Column 1)<br>CLAIMS            |              | (Colur                                 |              | (Column 3)       |     | SMALL               |                        | OR  | SMALL                         |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                        |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVIO<br>PAID                  | BER<br>DUSLY | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                    | Total                                                                                 | *                               | Minus        | **                                     |              | =                |     | X\$ 9=              |                        | OR  | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                    | Independent                                                                           | *                               | Minus        | ***                                    | - 61 4114    | = -              |     | X42=                |                        | OR  | X84=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                     |                                                                                       |                                 |              |                                        |              |                  |     | +140=               |                        | OR  | +280=                         |                        |
|                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                 |              |                                        |              |                  |     | TOTAL               |                        | OR  | TOTAL                         |                        |
| ٠.                                                                                                                                                                                                                                                                                                                 |                                                                                       | . (Column 1)                    | ADDIT. FEE   |                                        |              | ADDIT. FEE       |     |                     |                        |     |                               |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                        |                                                                                       | CLAIMS<br>REMAINING             | -            | (Colur<br>HIGH<br>NUM                  | EST          | (Column 3)       | 1   |                     | ADDI-                  |     |                               | ADDI-                  |
|                                                                                                                                                                                                                                                                                                                    |                                                                                       | AFTER<br>AMENDMENT              |              | PREVIO<br>PAID                         | DUSLY        | EXTRA            |     | RATE                | TIONAL<br>FEE          |     | RATE                          | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                                                                    | Total                                                                                 | *                               | Minus        | **                                     |              | =                |     | X\$ 9=              |                        | OR  | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                    | Independent                                                                           | *                               | Minus        | ***                                    |              | <u> </u>         |     | X42=                |                        | OR  | X84=                          |                        |
| <u></u>                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                                                           | NTATION OF M                    | JULI IPLE DE | PENDENT                                | CLAIM        |                  | 1   | +140=               |                        | OR  | +280=                         |                        |
|                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                 |              |                                        |              |                  | ı   |                     |                        | l i | TOTAL                         |                        |
|                                                                                                                                                                                                                                                                                                                    |                                                                                       | 4                               |              | 4.                                     | 100          |                  | -   | TOTAL<br>ADDIT, FEE |                        | OH  | ADDIT. FEE                    |                        |
|                                                                                                                                                                                                                                                                                                                    |                                                                                       | (Column 1)<br>CLAIMS            | 7            | (Colui                                 |              | (Column 3)       | 1 - |                     |                        | 1 1 |                               |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                        |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVIO<br>PAID                  | DUSLY        | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                    | Total                                                                                 | *                               | Minus        | **                                     |              | 8                |     | X\$ 9=              |                        | OR  | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                    | Independent                                                                           | *                               | Minus        | ***                                    |              | =                |     | X42=                |                        | OR  | X84=                          |                        |
| L                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                 |              |                                        |              |                  | ı þ | +140=               |                        |     |                               |                        |
| *                                                                                                                                                                                                                                                                                                                  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                 |              |                                        |              |                  |     |                     |                        | OR  | +280=                         |                        |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                       |                                 |              |                                        |              |                  |     |                     |                        |     |                               |                        |